



Minnesota Board of Dentistry

Autumn Newsletter November 2017

President's Message

It has been a very active year at the Board of Dentistry. I have enjoyed my presidency and look forward to continuing to serve my term and participate on the Executive Committee. I would like to congratulate Dr. Doug Wolff on his election for Presidency for 2018.

Dr. Matt Anzelc, a dentist Board member recently appointed by Governor Dayton, has resigned his position for health reasons. We all wish him the very best in his future endeavors, and thank him for his willingness to serve. He would have been an excellent member of the Board. We are currently awaiting another appointment for a dentist position. We encourage all oral health professionals to seriously consider applying for a position

on the board. It is a rewarding experience and is an invaluable contribution to the people of Minnesota.

There is continued pressure on Dental Boards throughout the country to allow qualified dentists to advertise as specialists in areas not currently recognized by the American Dental Association. The Board Policy committee is working to develop a recommendation for full Board consideration that will comply with recent court decisions and that is in the best interest of the citizens of Minnesota. The Policy Committee also continues work on developing Board guidance that addresses the importance of all dentists adhering to standards of care and carrying out their professional responsibilities, regardless of the circumstances of the...

(Continued on page 2)

dental practice. It is well known that the practice of dentistry is changing. There will continue to be an increase in large group practices, large nonprofit practices, and dental practices hiring dental support organizations and other professionals. It is imperative that all dental professionals understand that their first loyalty is to their patients, regardless of the practice model they choose.

Finally, periodic news reports, including the one that aired recently, involved a patient that alleged that a dentist provided care that did not meet the dental standard of care. The Board has an active complaint process that involves investigation into all complaints. The Board also provides opportunity for the dentist to provide his or her

account of the experience with the patient and answer allegations. This process provides due process rights for licensed dental professionals, while appropriately addressing public concerns. It is important to remember that we get involved only after a patient has filed a complaint to the Board. The process for complaints is explained on the board's website [here](#).

John "Jake" Manahan, JD, Board President

A Message from the Executive Director

We have been very productive over the last few months at the Board and we continue to work on process improvements and collaborative projects. The Board is welcoming to new ways to collaborate with the public, dental professionals, and public health.

We have a mission to promote and protect public health and safety in dentistry and we can accomplish this in many ways, and with many different stakeholders. We truly appreciate the attendance and participation at our meetings and in rulemaking comments. We need this information to continue to navigate the every changing landscape of dentistry.

Nationally, the landscape of occupational licensure and regulation is also changing. We have the constant duty to balance reasonable regulations to protect public health and safety, while being cognizant of the undue burden of unreasonable regulation.

The Board licenses qualified candidates and regulates licensed dental professionals in the state of Minnesota. I believe that the regulation of health professionals is very important to ensure that patients are receiving quality care. This ties into their safety, because patient harm can and does occur. That being said, we also focus on education and remediation. The Board is not here to place barriers on licensure; we support appropriate education and qualification standards. The Board is not here to be punitive; we work to direct licensees into remediation to correct both behaviors and gaps in quality care.

The Board recently adopted a Statement of Support for a Statewide Culture of Learning, Justice, and Accountability. I would like to summarize just a few of the points that I would like to convey about the future direction of the Board. The Board will:

- Strive for a culture that balances learning and accountability
- Seek to judge the behavior, not the outcome
- Promote a just culture
- Focus on differentiating human error, at-risk behavior, and intentional reckless behavior
- Foster a learning environment that encourages the identification and review errors
- Promote the use of a wide range of responses to dental patient safety-related events caused by lapses in human behavior
- Use coaching, non-disciplinary counseling, additional education or training, demonstration of competency, additional supervision and oversight and disciplinary action when appropriate to address performance issues
- Support and implement systems that enable safe behavior to prevent harm
- Collaborate in efforts to establish a statewide culture of learning, justice, and accountability to provide the safest possible environment for dental patients

View the full statement [here](#).

Bridgett Anderson, LDA, MBA, Executive Director

Congratulations Dr. Sperling!

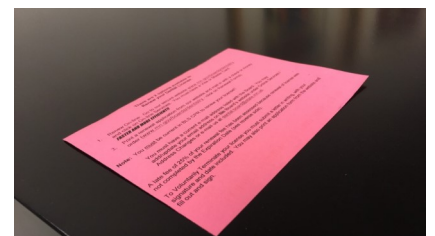
Dr. Steven Sperling, one of our dentist Board members, received Fellowship distinction at the American College of Dentists meeting on October 19. We would like to congratulate him in this well-deserved achievement! The American College of Dentists is the oldest major honorary organization for dentists. Their mission is to advance excellence, ethics, professionalism and leadership in dentistry. The College is currently involved in a wide range of activities, nationally and locally, to accomplish its mission. These efforts include ethics summits, online courses in dental ethics, the Professional Ethics Initiative, an entry-level ethics course, online leadership courses, leadership symposia, a multimedia dental history resource, and resource materials for dental schools. Dentists and other dental professionals can access no-cost online resources at the American College of Dentists [website](#).



WHERE'S MY PINK RENEWAL POSTCARD?

The Minnesota Board of Dentistry has gone paperless. Correspondence is now sent via email. Per Minn. Stat. [150A.09](#), the Board requires that all licensees maintain a current email address on file.

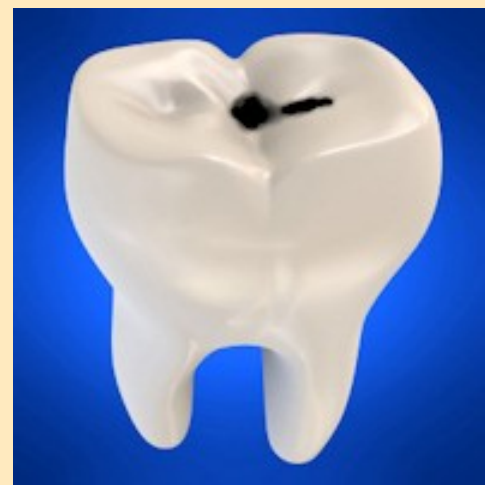
Newsletters, rulemaking alerts, professional development audit requests, professional corporation renewals, **LICENSE RENEWALS** (no more pink cards), sedation renewals, and other very important information is communicated via email.



Please pass this along to other colleagues that may not be getting correspondence from the Board due to inactive email addresses. Increasing the use of electronic communication is part of the Board's strategic plan, helps lower operational cost, and adds convenience for licensees.

AAPD Issues First Ever Guidelines for the Use of Silver Diamine Fluoride in Pediatric Dental Patients

Silver Diamine Fluoride is a topical medicament that has been cleared by the FDA for treatment of dentin hypersensitivity. Dental professionals are also using the product in addressing active dental caries. The AAPD has issued the following [guidelines](#) on the use of silver diamine fluoride in pediatric dental patients. This information may be helpful to dental professionals that are considering or are already using SDF in practice.



Dental Record Retention and Transfers



Dentists are required to retain patient records at least seven years beyond the time the dentist last treated the patient. In the case of a minor patient, a dentist shall maintain a patient's dental records for at least seven years past the age of majority (age of majority is 18). Dentists are also required to transfer patient records in a timely manner when requested by the patient. In incidences when a patient has a balance on their account, the provider may not withhold the transfer of records.

Patients may be charged to copy records for transfer, per [Maximum Charges for Patient Records](#). Digital radiographs shall be transferred by compact or optical disc, electronic communication, or printing on high-quality photographic paper. All transferred film or digital radiographs must reveal images of diagnostic quality using proper exposure settings and processing procedures.

MDH Opioid Indicator Dashboard

The Minnesota Department of Health has launched an Opioid Indicator Dashboard as a means to provide all statewide data related to opioid use, misuse, and overdose death prevention in one convenient place. The dashboard also includes information on prescribing practices and number of prescriptions issued. Check out the dashboard [here](#). Beyond this Opioid Dashboard, you can visit other Minnesota-government opioid-specific websites such as [Dose of Reality](#).

Minnesota One Health Antibiotic Stewardship Collaborative



Antibiotics are powerful tools for fighting and preventing infections in human and animal health. However, widespread use of antibiotics has resulted in an alarming increase in antibiotic-resistant infections. Antibiotic stewardship consists of coordinated interventions aimed at treating infections while promoting judicious antibiotic use. In turn, responsible use of antibiotics can help reduce the emergence and impact of antibiotic-resistant pathogens. A “One Health” approach recognizes that the health of humans, animals, and the environment is interconnected.

Thinking about prescribing an antibiotic? Remember the Five D’s

Diagnosis: using an antibiotic only when clinically indicated; 2) **Drug:** choosing the right antibiotic for the infection and the patient; 3) **Dose:** giving the right amount of antibiotic; 4) **Duration:** giving the antibiotic for the right amount of time; and 5) **De-escalation:** switching to an antibiotic choice that is better-targeted to the infection when possible.

Dentists are partners in antibiotic stewardship and should be included in efforts to improve prescribing. Minnesota’s Dental Association, Board of Dentistry and One Health Antibiotic Stewardship Collaborative have joined to develop an [antibiotic sheet for dental professionals](#).

Infection Control Corner: Washing Dishes vs. Washing Instruments

Q: Can my practice use a standard dishwasher instead of an FDA approved instrument washer to clean instruments prior to sterilization?

A: You should not; using a standard dishwasher for instrument cleaning is not consistent with CDC Guidelines. Instrument washers are considered medical equipment. They are tested and approved by the FDA for the specific purpose of processing medical instruments. Here is some additional helpful information from Dr. John Molinari on this [topic](#).



CELEBRATING STRIDES IN DENTAL HYGIENE

In light of National Dental Hygiene Month last month, it is a good time to share recent changes to Collaborative Dental Hygiene Practice and raise awareness of this unique model that can be utilized to connect more patients to care. The Minnesota Board of Dentistry works diligently to ensure public health and safety, while balancing the need to address potential barriers for patients to receive quality dental treatment. In efforts led by collaborative dental and public health stakeholders last legislative session, a Bill passed that helps remove barriers for dentists and other dental professionals seeking to work collaboratively using this model.

Here is a snapshot of the changes:

- There is no longer a requirement for 2,400 additional clinical hours for hygienists that are interested in working in this type of arrangement after they obtain a degree and licensure.
- Dental hygienists can perform all duties that fall under general supervision category. Previously they were limited to specific dental hygiene procedures.
- Dental assistants can be included in a collaborative agreement between a dentist and dental hygienist.
- When the patient requires a referral for additional dental services, the dental hygienist shall complete a referral form and provide a copy to the patient, the facility, if applicable, the dentist to whom the patient is being referred, and the collaborating dentist, if specified in the collaborative agreement.
- Additional Clarification: A copy of the referral form shall be maintained in the patient's health care record. The patient does not become a new patient of record of the dentist to whom the patient was referred until the dentist accepts the patient for follow-up services after referral from the dental hygienist.
- Up to two dental assistants may be included in the dentist- hygienist collaborative agreement.
- Dental assistants can perform the following under general supervision; provide oral health promotion and disease prevention education; take vital signs such as pulse rate and blood pressure; obtain informed consent for treatments authorized by the collaborating dentist within the licensed dental assistant's scope of practice; apply topical preventative agents, including fluoride varnishes and pit and

fissure sealants; perform mechanical polishing to clinical crowns not including instrumentation; complete preliminary charting of the oral cavity and surrounding structures, except periodontal probing and assessment of the periodontal structure; take photographs extraorally or intraorally; and take radiographs.

- Clarifying language: The intent of collaborative practice is to provide dental care in non- traditional settings. The practice settings in the law, under definition of "health care facility, program or non-profit organization include; hospital; nursing home; home health agency; group home serving the elderly, disabled, or juveniles; state-operated facility licensed by the commissioner of human services or the commissioner of corrections; and federal, state, or local public health facility, community clinic, tribal clinic, school authority, Head Start program, or nonprofit organization that serves individuals who are uninsured or who are Minnesota health care public program recipients.

Important reminders:

- A collaborative agreement is required between the dentist and dental hygienists. The agreement may include collaborative practice dental assistants.
- Medical emergency course is required every two years for dental assistants and dental hygienists involved in collaborative practice.
- Agreement must include consideration for medically compromised patients and medical conditions in which dental evaluation and treatment plan by a dentist must occur.
- Collaborative agreement must be reviewed annually and updates made accordingly. It must be made available to the Board, upon request.
- A collaborating dentist must be licensed under this chapter and may enter into a collaborative agreement with no more than four dental hygienists unless otherwise authorized by the board.

Have a question on collaborative dental hygiene/ assisting? Please email Bridgett.anderson@state.mn.us.

Corrective Actions

Complaint matters are reviewed on a case-by-case basis. The Board is not always able to prove each allegation from complaints received. Agreements for Corrective Action (ACAs) are sometimes used to resolve complaints which allege violation(s) of the Dental Practice Act when the specific, individual circumstances of the case are determined not to warrant disciplinary action against a licensee.

Profession	Violation(s)	Remedies
Dentist 10/20/17	<u>Substandard Recordkeeping</u> <ul style="list-style-type: none"> Licensee failed to make or maintain an adequate patient record. 	<u>Coursework</u> <ul style="list-style-type: none"> Treatment Planning/Recordkeeping
Dentist 9/05/17	<u>Substandard Prosthodontic and Restorative Care</u> <ul style="list-style-type: none"> Licensee failed to provide appropriate prosthodontic and restorative care. 	<u>Coursework</u> <ul style="list-style-type: none"> Decision Making/Ethics <u>Written Report</u> Focused on effectively communicating with staff regarding dental treatment. <u>Monitoring/Consultative Services</u> <ul style="list-style-type: none"> Contract for one-on-one monitoring and consultative services regarding prosthodontic and restorative care.
Dentist 9/18/17	<u>Substandard Recordkeeping</u> <ul style="list-style-type: none"> Licensee failed to make or maintain an adequate patient record. 	<u>Written Report</u> <ul style="list-style-type: none"> Focused on professional responsibility and patient boundaries. <u>Coursework</u> <ul style="list-style-type: none"> Treatment Planning/Recordkeeping
Dentist 9/05/17	<u>Inappropriate Use of Prescription Monitoring Program</u> <ul style="list-style-type: none"> Licensee accessed an individual's prescription drug records through the Minnesota Prescription Monitoring Program ("PMP") without the individual being a current patient of record. 	<u>Coursework</u> <ul style="list-style-type: none"> HIPAA Course <u>Monitoring/Consultative Services</u> <ul style="list-style-type: none"> Contract for one-on-one monitoring and consultative services regarding the PMP program. <u>Other</u> <ul style="list-style-type: none"> Thirty unpaid hours of community service at any voluntary dental access clinic.

Disciplinary Actions

July 27, 2017 — October 20, 2017

Click on licensee name to see the full text of the disciplinary action

Licensee	License #	City	Date of Order	Type of Order
Burrichter, David J.	D12766	Chanhassen	10/13/17	Unconditional
Erickson, Brandi L.	A12988	Shakopee	10/13/17	Stayed Suspension, Conditional
Jones-Peterson, Heather M.	H7616	Burnsville	10/13/17	Unconditional
Karker-Morrison, Cassy Jo	A13533	Ashland, WI	09/06/17	Suspension—Revenue
Rolf Jr., William P.	D8343	Hopkins	10/13/17	Unconditional
Schultz, Bartholemew S.	D11256	Savage	10/13/17	Conditional
Smilanich, Michael D.	D9510	North St. Paul	10/13/17	Conditional

Board Members

John Manahan, JD, Public Member, President (2019)Bloomington
 Douglas Wolff, DDS, Vice President (2019)St. Paul
 Teri Youngdahl, LDA, Secretary (2018)Elk River
 Christy Fogarty, DH (2021)Farmington
 Paul Walker, DDS (2019)Shoreview
 Steven Sperling, DDS (2018)Rochester
 Carl Ebert, DDS (2020)Golden Valley
 Ruth Dahl, Public Member (2021)Northfield

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 Joyce NelsonDirector of Licensing & Professional Dvlpmnt
 Amy JohnsonLicensing & Professional Dvlpmnt Analyst
 Sheryl HerrickOffice Manager
 Carolyn TannerAdministrative Assistant
 David TajimaAdministrative Assistant